PETI	TION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			02558B-063710US	
Application Number 10/828,846			Filed April 20, 2004	
For PATTERN RECOGNITION METHOD FOR DIAGNOSIS OF SYSTEMIC AUTOIMMUNE DISEASES				
Art Unit 1631			Examiner Pablo S. Whaley	
This is	s a request under the provisions of 37 CFR 1.136(a ation.) to extend the pe	riod for filing a reply in th	ne above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
l	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1110</u>
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number 41,797				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
August 19, 2009				
	Signature		Date	
	Gerald T. Gray, Reg. No. 41,797		(925) 472-5000	
	Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Oile Si	Total of forms are s	submitted.		